

Exhibit 8: Sample Provider Authorization Form


Permission Form for Prescribed Medication	
School: _____	American Academy of Pediatrics 
Date form received by the school: _____	
Student: _____	Date of birth, or age: _____
Grade: _____ Teacher/Classroom: _____	
To be completed by the physician or authorized prescriber	
Reason for medication: _____	
Name of medication: _____	
Form of medication/treatment: _____	
<input type="checkbox"/> Tablet/capsule <input type="checkbox"/> Liquid <input type="checkbox"/> Inhaler <input type="checkbox"/> Injection <input type="checkbox"/> Nebulizer <input type="checkbox"/> Other _____	
Instructions (Schedule and dose to be given at school): _____	
Start: <input type="checkbox"/> date form received Other date: _____ Stop: <input type="checkbox"/> end of school year Other date/duration: _____ <input type="checkbox"/> For episodic/emergency events only	
Restrictions and/or important side effects: <input type="checkbox"/> None anticipated <input type="checkbox"/> Yes. Please describe: _____	
Special storage requirements: <input type="checkbox"/> None <input type="checkbox"/> Refrigerate Other: _____	
This student is both capable and responsible for self administering this medication: <input type="checkbox"/> No <input type="checkbox"/> Yes-Supervised <input type="checkbox"/> Yes-Unsupervised	
This student may carry this medication: <input type="checkbox"/> No <input type="checkbox"/> Yes	
Please indicate if you have provided additional information: <input type="checkbox"/> On the back side of this form <input type="checkbox"/> As an attachment	
Date: _____ Signature: _____	
Physician's Name: _____ Address: _____ Phone Number: _____	
To the school: Please report concerns about medications or disease to the above physician.	
To be completed by parent/guardian	
I give permission for (name of child) _____ to receive the above medication at school according to standard school policy. (Some schools require parent/guardians to bring the medication in its original container.)	
Date: _____	Signature: _____ Relationship: _____
© 1994, American Academy of Pediatrics <div style="display: flex; justify-content: space-between;"> M-20 HE0150 </div>	

Exhibit 9: Sample Medication Log

Sample Medication Administration Daily Log

(To be completed for each medication)

School Year _____ Date of Birth _____ Sex _____ Grade/Home Room (or Teacher) _____

Name of Student _____ Name of School _____
 Name and Dosage of Medication _____ Route _____ Frequency _____ Time(s) Given in School _____

Directions: Initial with time of administration; a complete signature and initials of each person administering medications should be included below.

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Sept																															
Oct																															
Nov																															
Dec																															
Jan																															
Feb																															
Mar																															
Apr																															
May																															
June																															

INITIAL (of person administering medication) _____ SIGNATURE _____

1. _____ 5. _____ (A) Absent (O) No Show

2. _____ 6. _____ (E) Early Dismissal (W) Dosage Withheld

3. _____ 7. _____ (F) Field Trip (X) No School (i.e., holiday, weekend, snow day, etc.)

4. _____ 8. _____ (N) No Medication Available

Use reverse side for reporting significant information (e.g. observations of medication's effectiveness, adverse reactions, reason for omission; plan to prevent future "no shows").

[illegible]

Exhibit 10: Sample Incident/Error Reporting Form¹**Sample Medication Error Report**

A medication error is defined as: "failure to administer the prescribed medication within the appropriate time frame, in the correct dosage, in accordance with accepted practice, to the correct student."

Date of report: _____ School: _____ Prepared by: _____

Name of student: _____ Date of birth: _____ Sex: _____ Grade: _____

Home address: _____ (street) _____ Tel. number: _____
 _____ (city/town) _____ (zip code)

Date error occurred: _____ Time noted: _____

Person administering medication: _____ (Name) _____ (Title)

Licensed prescriber: _____ (Name) _____ (Address)

Reason medication was prescribed: _____

Date of order: _____ Instructions for administration: _____

Medication: _____ Dose: _____ Route: _____ Scheduled Time: _____

Describe the error and how it occurred (use reverse side if necessary): _____

Action Taken

Licensed prescriber notified: Yes _____ No _____ Date: _____ Time: _____

Parent/guardian notified: Yes _____ No _____ Date: _____ Time: _____

Other persons notified: _____

Outcome:

Name: _____ Type or Print _____ Signature _____ Title _____ Date: _____

¹ Goodman, I.F. and Sheetz, A.H. (Eds.) (1995). *The Comprehensive School Health Manual*. Massachusetts Department of Public Health

Exhibit 11: Sample Medication Administration Plan²

Sample Medication Administration Plan

Name of student _____ Date of Birth _____ Grade _____ Parent/guardian name _____
 School _____ Home telephone _____
 Name of licensed prescriber _____ Business telephone _____
 Business telephone _____ Emergency telephone _____
 Emergency telephone _____

Food/Drug Allergies _____ Diagnoses: _____
 (If not a violation of confidentiality)

Name of Medication: _____ Date Ordered _____ Duration of Order _____
 Dosage _____ Frequency _____ Route of Administration _____ Expiration Date of Medication Received _____

Specific Directions, e.g., times to be given: _____

Possible Side Effects, Adverse Reactions: _____

Quantity of Medication Received by School and Date: _____

Required Storage Conditions: _____

Delegated to (if applicable): _____ Back-up Plans (if delegatee unavailable): _____

Plan for Field Trips: _____

Plans for teaching self administration, if applicable: _____

Other persons to be notified of medication administration (with parental permission): _____

Other medications being taken by the student (if not a violation of confidentiality): _____

Location where medication administration will occur: Health Room _____ Other (specify) _____

Plan for monitoring medication, if needed: _____

School Nurse Signature _____ Date _____
 Parent/Guardian Signature _____ Date _____
 Student's Signature, if appropriate _____ Date _____
 (Medication order and parent/guardian authorization may be attached to this form.)

² Goodman and Sheetz, *Comprehensive School Health Manual*, p. 6-27

Exhibit 12: Sample Wall Poster-"5 Rights of Medication Administration"

5 "RIGHTS" TO BE SAFE WITH EVERY DOSE OF MEDICINE

Check the label. Follow the directions.

1

The "right" medicine.

Know the brand and generic names.
Have a proper medicine for your health need.

2

The "right" person.

Prescriptions are meant for only one person.

3

The "right" time.

What time are you supposed to take it? For how long must it be used?
When should you stop using it?

4

The "right" amount or dose.

Use an accurate measure for liquid.
Know how to use an inhaler, spray, or ointment to get the right amount.
Check for the limit on how much you can use in a day.

5

The "right" method.

Follow directions for how you put this into or on your body. Most medicines are used in only one way.

Exhibit 13: Sample Product Insert-EpiPen

PATIENT INSERT**(PHARMACIST — PLEASE DISPENSE WITH PRODUCT)**

NDC 49502-500-01

READ INSTRUCTIONS CAREFULLY,
BEFORE AN EMERGENCY ARISES.

0745

EPIPEN[®] 0.3 mg**EPINEPHRINE AUTO-INJECTOR****FOR ALLERGIC EMERGENCIES (ANAPHYLAXIS)**

DELIVERS 0.3 mg INTRAMUSCULAR DOSE OF EPINEPHRINE FROM EPINEPHRINE INJECTION, USP, 1:1000 (0.3 mL)

Rx only.

**REPLACE IF DISCOLORED. STORE IN A DARK PLACE AT
ROOM TEMPERATURE (15°-30°C/59°-86°F). DO NOT REFRIGERATE.****MANUFACTURED FOR DEY, NAPA, CALIFORNIA 94558, U.S.A.**

by Meridian Medical Technologies, Inc., Columbia, MD 21046, U.S.A.

U.S. Patent No. 4,031,893

IMPORTANT INFORMATION

- **READ THESE INSTRUCTIONS CAREFULLY BEFORE AN EMERGENCY ARISES.**
- **DO NOT REMOVE SAFETY CAP UNTIL READY FOR USE.**
- **ONLY 0.3 ML OF SOLUTION IS DISPENSED. THE MAJORITY OF THE DRUG PRODUCT, 1.7 ML, REMAINS IN THE AUTO-INJECTOR AFTER ACTIVATION.**
- **THE UNIT CONTAINS NO LATEX.**

This unit is an automatic injection device containing epinephrine for allergic emergencies. The EpiPen auto-injector should be used only by a hypersensitive (allergic) person in an allergic emergency as prescribed by a physician. Such emergencies may occur from insect stings or bites, foods, drugs or other allergens, as well as idiopathic or exercise-induced anaphylaxis.

THE EPIPEN[®] AUTO-INJECTOR

The EpiPen auto-injector is a disposable, pre-filled automatic injection device which is designed to deliver a single dose of 0.3 mg of epinephrine.

- Keep the EpiPen auto-injector ready for use at all times.
- Protect from exposure to light and extreme heat.
- Note the expiration date on the unit and replace it prior to expiration. See reverse for enrollment in reminder program.
- Replace any auto-injector if the solution is discolored or contains a precipitate. The EpiPen auto-injector is designed with a see-through window to allow periodic examination of its contents. The physician may recommend emergency use of an auto-injector with discolored contents rather than to postpone treatment.

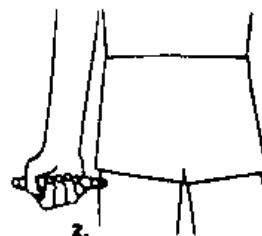
EMERGENCY TREATMENT OF ALLERGIC REACTION/ANAPHYLAXIS

If you experience the signs and symptoms described by your physician, use the EpiPen auto-injector immediately, **through clothing if necessary**. If you have been stung by an insect, remove the insect's stinger with your fingernails if possible; do not squeeze, pinch or push it deeper into the skin. If available, ice packs or sodium bicarbonate soaks may then be applied to the area stung. Keep warm and avoid exertion.

Report to the nearest hospital emergency room. Take your used EpiPen with you for proper disposal and to notify the physician that you have received an intramuscular injection of epinephrine.


DIRECTIONS FOR USING EPIPEN[®] AUTO-INJECTOR

1. Pull off gray safety cap (illustration 1).
2. Place black tip on thigh, at right angle to leg (illustration 2). (Always apply to thigh.)
3. **Using a quick motion**, press hard into thigh until auto-injector mechanism functions, and hold in place for several seconds. The EpiPen unit should then be removed and discarded. Massage the injection area for 10 seconds.

SAFETY
1. CAP

SEE OTHER SIDE FOR ADDITIONAL INFORMATION ABOUT INSECT STINGS.

Exhibit 14: Sample Insulin Pump



Welcome! Sign in here to shop on-line at Disetronic Direct!

sign in

Your email

Your password

[Forgot your password?](#)

[Register as a new user](#)

PURCHASE NOW
Disetronic direct

DISETRONIC

[pump therapy](#) [my diabetes](#) [products](#) [about us](#)

[H-TRON](#) [features](#) [specifications](#) [accessories](#) [warranty](#)

H-TRONplus

THE INSULIN PUMP FOR ACTIVE PEOPLE

H-TRONplus, the rough and tumble insulin pump that's **designed for an active life**. H-TRONplus' **simple to use** menu makes it a natural for those just beginning pump therapy, while its **durable construction** makes it the **first choice for athletes and children**.

Important Safety Information About Your H-TRON and H-TRONplus Pumps

Durable casing
Polymer case is designed to meet the rigors of life by reducing the incident of chipping, cracking or breaking.

No-look tactile buttons
Operate practically every pump function without looking.

Icon driven menu
Easy to learn and use interface eliminates operating system sub-menus and directories.

Soft sound motor
Near-silent motor operation means no "clicking" and delivers exact insulin doses in quantities as small as .005u every 3 minutes.

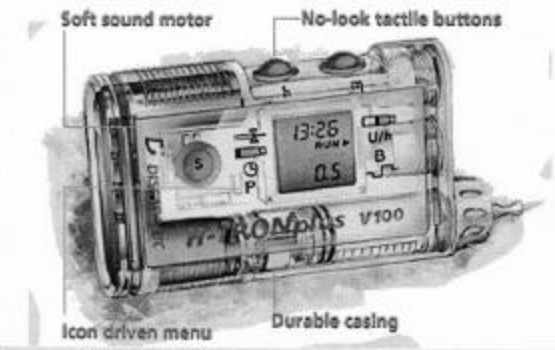


Exhibit 15: Additional Resources***General***Nursing Practice Act

Nursing Practice Act: Texas Statutes Regulating the Practice of Professional Nursing (amended 1997). Austin, TX: Board of Nurse Examiners for the State of Texas.

Available online at: <http://www.bne.state.tx.us/>

Individualized Healthcare Plans

Ornelas, D. (1999). *The School Nurse's Source Book of Individualized Healthcare Plans, Volume II*. North Branch, MN: Sunrise River Press.

Wills, S. (1993). *The School Nurse's Source Book of Individualized Healthcare Plans, Volume I*. North Branch, MN: Sunrise River Press.

Medication Administration

Graff, J., Ault, M., Guess, D., Taylor, M., and Thompson, B. (1990). Medication Administration. In *Healthcare for Students With Disabilities: An Illustrated Medical Guide for the Classroom* (pp.29-41). Baltimore: Paul H. Brookes Publishing.

Skale, N. (1992). Medication Administration. In *Manual of Pediatric Nursing Procedures* (pp. 117-123). Philadelphia: J.B. Lippincott Co.

Smith, G. and Ford, N. (Eds.) (2000). *Manual for the Training of Public School Employees in the Administration of Medication*. Richmond: Virginia Department of Education-Office of Special Education and Student Services.

Available online at: <http://www.vahealth.org/schoolhealth/onlinepubs.htm#nurse>

Documentation

Schwab, N., Panettieri, M.J., Bergren, M. (1998). *Guidelines for School Nurse Documentation: Standards, Issues, and Models*. Scarborough, Me.: NASN.

Mental Health/Psychoactive Medications

American Academy of Child and Adolescent Psychiatry.

3615 Wisconsin Ave, NW

Washington, DC 20016

(202)966-7300

<http://www.aacap.org>

American Psychiatry Association.

DPA Dept. SG

1400 K Street, NW

Washington, DC 20005

(202)682-600

<http://www.psych.org>

Malone, B.L., and Hoagwood, K. (Chrs.) (2000). *Report of the Surgeon General's Conference on Children's Mental Health.*

<http://www.surgeongeneral.gov/cmh/childreport.htm>

National Institute of Mental Health
Information Resources and Inquiries Branch
5600 Fishers Lane, Room 7C-02
Rockville, MD 20875
FACTS ON DEMAND: (301)443-5158
<http://www.nimh.gov>

National Mental Health Association
1021 Prince St.
Alexandria, VA 22314
(800)969-NMHA
<http://www.nmha.org>

Diabetes

<http://www.childrenwithdiabetes.com>

Tappen, D. *Easy as ABC.*

Available free at 1(800)280-7801 from Disetronic; useful for school nurses and personnel unfamiliar with insulin pumps (any model).

Fredrickson, L. and Graff, M. *Pumper in the School!*

Available free at 1(800)826-2099 from manufacturers of the Minimed insulin pump.
Written especially for parents, school nurses and personnel. Information specific to the Minimed brand of pump.